

Virginia Department of Behavioral Health and Developmental Services



SERVICE MODIFICATION

Provider Request

Code of Virginia §37.2-405



Please use a computer or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

1. Applicant Information: Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: _____ # _____

DBHDS License #: _____

Mailing Address: _____

City: _____ County: _____ State: _____

Zip: _____ Phone: () _____

Chief Executive Officer or Director. Identify the person responsible for the overall management and oversight of the service(s) and facility(s) to be operated by the applicant.

Name: _____ Title: _____

Phone: () _____ Fax Number: () _____ Email: _____

CERTIFICATE OF APPLICATION

This certificate is to be read before completion and then signed by the applicant upon completion of this application. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

- *I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.*
- *I grant permission to authorized agents of the Department of Behavioral Health and Developmental Services to make necessary investigations into this application or complaints received.*
- *I understand that unannounced visits will be made to determine continued compliance with regulations.*

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.

Signature of Applicant: _____ Date: _____ Title: _____

If you have any questions concerning the application, please contact this office at (804) 786-1747. This application is to be returned to:

**Office of Licensing
Department of Behavioral Health and Developmental Services
Post Office Box 1797
Richmond, Virginia 23218-1797**

SERVICE MODIFICATION

Place a check to identify the service type. If the service population is not listed, please identify the population served, when required, as Adults, Adolescents, or Children in the "Licensed As Statement" section.

Check One	Service	Program	Description	License As Statements
	01	001	ID Group Home Srv	An intellectual disability residential group home service for adults
	01	003	MH/SA Group Home Srv	A mental health and/or substance abuse residential group home service for adults
	01	004	Group Home Srv-REACH	A REACH intellectual disability residential therapeutic respite group home service for adults
	01	005	ICF-IID Group Home Srv	An intermediate care facility for individuals with an intellectual disability (ICF-IID) residential group home service for adults
	01	006	SA Residential Treatment Srv	A substance abuse residential treatment service for adults
	01	007	Brain Injury Group Home Srv	A brain injury residential treatment center for adults
	01	011	ID Supervised Living Srv	An intellectual disability supervised living residential service for adults.
	01	012	MH Supervised Living Srv	A mental health supervised living residential service for adults
	01	013	SA Supervised Living Srv	A substance abuse supervised living residential service for adults
	01	016	SA Halfway House Srv	A substance abuse residential halfway house for adults
	01	019	MH Crisis Stabilization Srv	A mental health residential crisis stabilization service for adults
	01	020	MH Crisis Stabilization Srv	A mental health residential crisis stabilization service for children and adolescents
	01	021	MH Crisis Stabilization Srv-REACH	A REACH mental health residential crisis stabilization service for adults
	01	022	ID Crisis Stabilization -Residential	An intellectual disability residential crisis stabilization service
	01	025	Managed w'drawal - Medical Detox	A substance abuse residential managed withdrawal medical detox service for adults
	01	033	Residential Txt SA Women w/Children Srv	A substance abuse residential treatment service for women and women with their children
	01	036	ID Residential Respite Srv	An intellectual disability residential respite service for adults
	01	037	ID Residential Respite Srv	An intellectual disability residential respite service for children and adolescents
	02	001	SA Intensive Outpatient Srv	A substance abuse intensive outpatient service for adults
	02	003	SA Intensive Outpatient Srv	A substance abuse intensive outpatient service for adolescents
	02	004	ID Center-Based Respite Srv	An intellectual disability center-based respite service for adults
	02	005	ID Center-Based Respite Srv	An intellectual disability center-based respite service for children and adolescents.
	02	006	ID Day Support Srv	An intellectual disability center-based day support service for adults
	02	007	ID Day Support Srv	An intellectual disability center-based day support service for children and adolescents
	02	008	ID Day Support Srv	An intellectual disability non center-based day support service for adults
	02	009	ID Day Support Srv	An intellectual disability non center-based day support service for children and adolescents
	02	010	DD Day Support Srv	A developmental disability day support service for (population served) ()
	02	011	MH Psychosocial Rehabilitation Srv	A mental health psychosocial rehabilitation service for adults

SERVICE MODIFICATION

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	02	014	Therapeutic Afterschool MH Srv	A mental health non-school based therapeutic day treatment service for children with serious emotional disturbance
	02	019	MH Partial Hospitalization Srv	A mental health partial hospitalization service for adults with serious mental illness
	02	021	SA Partial Hospitalization Srv	A substance abuse partial hospitalization service for adults with substance use disorders
	02	023	Partial Hospitalization Srv	A mental health and/or substance abuse partial hospitalization service for children and adolescents
	02	029	Therapeutic Day Treatment Srv for Children and Adolescents	A mental health school based therapeutic day treatment service for children with serious emotional disturbance
	03	001	Mental Health Skill Building Srv	A mental health community support service for (population served) with serious mental illness ()
	03	004	Mental Health Supportive In-Home Srv	A mental health supportive in-home service for children and adolescents
	03	011	ID Supportive In-Home Srv	An intellectual disability supportive in-home service for children, adolescents and adults
	03	013	REACH ID Supportive In-Home Srv	A REACH intellectual disability supportive in-home service for children, adolescents and adults
	04	001	Psychiatric Unit Srv	A mental health and/or substance abuse inpatient psychiatric service for adults
	04	005	Psychiatric Unit Srv - Children	A mental health and/or substance abuse inpatient psychiatric service for children and adolescents
	04	011	Medical Detox/Chemical Dependency Unit Srv	A substance abuse medical detox/chemical dependency service for adults
	05	001	Intensive In-Home Srv for children and adolescents Srv	A mental health intensive in-home service for children and adolescents and their families
	06	001	Medication Assisted Treatment/Opioid TX Srv	A substance abuse medication assisted treatment/opioid service for adults
	07	001	Emergency Services/Crisis Intervention Srv	A mental health/substance abuse emergency/crisis intervention service for children, adolescents and adults
	07	002	Emergency Services/Crisis Intervention Srv	A mental health emergency service/crisis intervention service for children, adolescents and adults
	07	003	Outpatient MH Srv	A mental health outpatient service for (population served) ()
	07	004	Outpatient MH/SA Srv	A mental health and substance abuse outpatient service for (population served) ()
	07	005	Outpatient SA Srv	A substance abuse outpatient service for adults (population served) ()
	07	006	Outpatient Srv /Crisis Stabilization Srv	A mental health non-residential crisis stabilization service for adults/children/adolescents
	07	007	MH Outpatient Srv/Crisis Stabilization -REACH	A REACH mental health crisis stabilization outpatient service for adults
	07	009	ID Crisis stabilization - Non -Residential Srv	An intellectual disability NON-residential crisis stabilization service
	07	010	Outpatient Srv-ABA	A mental health/developmental disability outpatient community-based applied behavioral analysis service
	07	011	Outpatient Managed w'drawal - Medical Detox Srv	A substance abuse outpatient managed withdrawal medical detox service for adults
	08	011	Sponsored Residential Homes Srv	An intellectual disability sponsored residential home service for adults
	08	013	Sponsored Residential Homes Srv	An intellectual disability sponsored residential home service for children and adolescents
	08	014	MH Sponsored Residential Homes Srv	An mental health sponsored residential home service for (population served) ()
	09	001	Out-of-Home Respite Srv	An out-of-home respite service for adults

APPLICATION SERVICES

Place a check to identify the service type. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application. If the service population is not listed, please identify the population served, when required, as Adults, Adolescents, or Children in the "Licensed As Statement" section.

	09	002	Out-of-Home Respite Srv	An out-of-home respite service for children and adolescents
	09	003	Out-of-Home Respite Srv	An out-of-home respite crisis stabilization service for (population served) ()
	10	001	In-Home Respite Srv	An in-home respite service for adults
	10	002	In-Home Respite Srv	An in-home respite service for children and adolescents
	10	003	In-Home Respite Srv	An in-home respite crisis stabilization service for (population served) ()
	11	001	Correctional Facility RTC Srv	A mental health service in a correctional facility
	14	001	Level C MH Children Residential Tx Srv	A Level C mental health children's residential treatment service for children with serious emotional disturbance
	14	004	MH Children Residential Tx Srv	A mental health children's residential treatment service for children with serious emotional disturbance
	14	007	SA Children Residential Tx Srv	A substance abuse children's residential treatment service for children
	14	008	MH Children Group Home Residential Srv	A mental health children's group home residential service for children with serious emotional disturbance
	14	033	SA Children Group Home Residential Srv	A substance abuse children's group home residential service
	14	035	ID Children Group Home Residential Srv	An intellectual disability children's group home residential service
	14	048	ICF-IID Children Group Home Residential Srv	An ICF-IID residential group home residential service for children
	16	001	Case Management Srv	A MH, ID, SA case management services for children, adolescents and adults
	16	002	ID Case Management Srv	An intellectual disability case management service
	16	003	SA Case Management Srv	A substance abuse case management service
	16	004	MH Case Management Srv	A mental health case management service for adults with serious mental illness
	16	005	Children and Adolescents MH Case Management Srv	A mental health case management service for children and adolescents
	17	001	Intensive Community Treatment Srv (ICT)	A mental health intensive community treatment (ICT) service for adults with serious mental illness
	18	001	Program of Assertive Community Treatment Srv (PACT)	A mental health intensive community treatment (PACT) service for adults with serious mental illness

(Last revised 8/24/2015- highlighted in red)

☐ **ADD A SERVICE - REQUIRED ATTACHMENTS:**

- ☐ A Service description, meeting all of the requirements outlined in §12 VAC 35-105-40, §570, & §580 (B)(C)
- ☐ Discharge criteria as outlined in §12VAC35-105-1360
- ☐ A schedule of staffing pattern, staff credentials, §12 VAC 35-105-590,
- ☐ The proposed working budget for the first year of the service's operation, §12 VAC 35-105-40.A (1),
- ☐ Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days, §12VAC35-105-210 (A) & §12 VAC 35-105-40.(A)(2),
- ☐ Copies of ALL position descriptions, §12VAC35-105-40 & §12 VAC 35-105-410 (A),
- ☐ Certificate of occupancy for the physical plant, §12 VAC 35-105-260,
- ☐ Verification that new service is affiliated with local human rights committee and the current human rights policies and procedures are approved §12VAC35-105-50

And for residential services,

- ☐ A current health inspection (if not on public water or sewage), §12 VAC 35-105-290
- ☐ A current fire inspection (if housing more than 8 residents), §12 VAC 35-105-320, and
- ☐ A floor plan with dimensions (for residential facilities), §12 VAC 35-105-40.(B) (5).

☐ **ADD A LOCATION - REQUIRED ATTACHMENTS:**

- ☐ Notification of address, proposed opening date,
- ☐ A schedule of staffing pattern, staff credentials, §12 VAC 35-105-590
- ☐ Certificate of occupancy, §12 VAC 35-105-260
- ☐ Verification that new location is affiliated with local human rights committee and current human rights policies and procedures are approved. §12VAC35-105-50
- ☐ The proposed working budget for the first year of the service's operation. §12 VAC 35-105-40.A (1),
- ☐ Evidence of financial resources, or a line of credit sufficient to cover estimated operating expenses for the first ninety-days, §12VAC35-105-210 (A) & §12 VAC 35-105-40.(A)(2),

And for residential services,

- ☐ A current health inspection (if not on public water or sewage), §12 VAC 35-105-290
- ☐ A current fire inspection (if housing more than 8 residents), §12 VAC 35-105-320, and
- ☐ A floor plan with dimensions (for residential facilities), §12 VAC 35-105-40.B(5).

- ☐ **Name & number of Community Liaison, §12VAC35-105-325,** _____ () _____
(The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

☐ **ADD A CHILDREN'S RESIDENTIAL SERVICE - REQUIRED ATTACHMENTS:**

- ☐ Application Fee of \$500.00 as required in §12VAC 35-46-20 D1;
- ☐ **Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc.) §VAC 35-46-20 D1;**
- ☐ The proposed working budget for the first year of the service's operation; §12 VAC 35-46-20-D1;
- ☐ Evidence of financial resources or a line of credit sufficient to cover operating expenses for ninety-days, §12 VAC 35-46-20-D1
- ☐ A schedule of the proposed staffing/supervision plan/ staff credentials ; §12 VAC 35-46-180
- ☐ Copies of ALL position (job) descriptions, §12 VAC 35-46-20 D1; §12 VAC 35-46-270 B1; §12 VAC 35-46-280 ; §12 VAC 35-46-340 & §12 VAC 35-46-350
- ☐ Evidence of the applicant's authority to conduct business in the Commonwealth of Virginia- State Corporation Commission Certificate, §12 VAC 35-46-20 D1 & §12 VAC 35-46-320
- ☐ A copy of the building floor plan, outlining the dimensions of each room, §12 VAC 35-46-20 D1
- ☐ Certificate of occupancy, §12 VAC 35-46-20 D
- ☐ A current health inspection, §12 VAC 35-46-20 B
- ☐ A current fire inspection, **if over eight residents;** §12 VAC 35-46-20 D [1-4]
- ☐ **Name & number of Community Liaison, §12VAC35-46-1000.C,** _____ () _____
(The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

NOTE: No fee is required when a children residential facility relocates to another location.

Other Modifications:

- ☐ Population Served (Age, Gender, Disability)
☐ Add a Track to Current Service
☐ Number of beds or capacity
☐ Service Description
☐ Geographical location change (add or delete)

- ☐ Name change
☐ Address change (relocation of current service)
☐ Telephone number change _____
☐ Other: _____

3. Service Information:

Client Demographics (check all that apply):

☐ Male ☐ Female ☐ Both ☐ Child ☐ Adolescent (Min. & Max. Age Range) _____ ☐ Adult ☐ Geriatric

SERVICE LOCATION(S)

1. Location Name: _____ # of beds: _____

Address: _____

City: _____ County _____ State: _____ Zip: _____

Location Manager: _____ Phone: () _____ E-mail _____

Directions: _____

2. Location Name: _____ # of beds: _____

Address: _____

City: _____ County _____ State: _____ Zip: _____

Location Manager: _____ Phone: () _____ E-mail _____

Directions: _____

3. Location Name: _____ # of beds: _____

Address: _____
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City: _____ County _____ State: _____ Zip: _____

Location Manager: _____ Phone: () _____ E-mail _____

Directions: _____
